

COMMUNITY HEALTH ATLAS

FOR

MID-CITY SAN DIEGO

March 2004

Produced by the County of San Diego Health and Human Services Agency as part of the Partnership for the Public's Health Initiative, funded by The California Endowment and the Public Health Institute





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March 29, 2004

Dear Reader:

This atlas was produced through the combined efforts of the Health and Human Services Agency, Public Health Services and community partners involved in the Partnership for the Public's Health. It represents a response to a desire for data that reflects the priorities of community residents as well as public health experts. We are pleased to see this resource made available to current and prospective partners in community health improvement efforts.

Hopefully, the availability of this resource document assists you to understand public health and quality-of-life issues in the Central Region. The design of the atlas is intended to be user-friendly, with information provided that assists you to find additional data on the topics covered in the atlas. The information might help you to establish a need for new services or to generate support for systems changes or new policies. Please use your copy of the atlas and share it with others. In fact, you are encouraged to add to your copy of the atlas additional community-level data to which you have access.

In the Central Region, we know that collaborative work with community partners is essential to success. We welcome your participation in co-creating healthier communities.

René G. Santiago, Deputy Director
Central Region

Carol J. Judkins, PHN
Public Health Nurse Manager
Central Region



April 5, 2004

Dear Reader:

It is with great pleasure that Mid-City Community Advocacy Network (Mid-City CAN) and the Health and Human Services Agency, through our efforts to foster our partnership to improve and enhance the community health of Mid-City residents, present this Health Atlas to the Mid-City community. This atlas is a tangible example of the remarkable accomplishments that can occur when we combine our multi-faceted resources for the common good of the community.

This information can be used to attain a better understanding of the various needs and abundant strengths of the Mid-City community. This is a great resource for residents, community based organizations, schools, law enforcement personnel and health care providers and will help all of us to easily access important and practical information about Mid-City. It is a great “snap-shot” of the community, showing both its tremendous assets as well as its varied challenges. By utilizing this atlas, we can all work together to be more effective in improving the quality of life and community health of Mid-City residents.

We want to express our gratitude to the various individuals who were instrumental in bringing this atlas together. It is a great example of the outstanding outcomes that we are all called to achieve through our Partnership for the Public’s Health.

Sincerely,

Kevin O'Neill
Community Development Coordinator

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- The maps in this atlas were created by Tom DeAngelis, GIS Analyst.
- Adrienne Yancey, Jayne Reinhardt, Bruce Even and Mona Thabit of Chronic Disease & Injury Prevention and Health Promotion and Paul Olsen of Medical Health Quality Assurance also contributed to the project's editing and/or graphic design.

The Community Health Atlas project was initially conceived and compiled by Thomas Herman, PhD. while serving as a consultant to the Partnership for the Public's Health Initiative in San Diego County.

INTRODUCTION

This atlas is intended to serve as a tool for community-focused and participatory public health planning. It is one result of the Partnership for the Public's Health (PPH) Initiative, comprised of three community groups (Linda Vista Collaborative, Mid-City Community Advocacy Network, and South Bay Partnership) and the County of San Diego Health and Human Services Agency (HHSA). These groups and the County HHSA have partnered to increase resident participation in public health planning and engineer appropriate strategies to address public health issues at the community level. The Partnership for the Public's Health is a statewide project of the California Endowment and the Public Health Institute through which the three local partnerships were funded for the period of October 2000 through September 2004.

There are actually three separate atlases – each focusing on the communities served by a particular partnership. In addition to this *Community Health Atlas for Mid-City San Diego*, there is also a *Community Health Atlas for Linda Vista* and a *Community Health Atlas for South Bay Region*. Each atlas contains a large amount of information about the population characteristics (Section B) and health status (Section C) of local residents. But the atlas itself is intended to be a living document that, over time, will come to reflect the interests of users. For that reason, an Appendix has been created. As atlas users obtain information that they find useful for community assessment and planning, they are encouraged to compile it in the atlas. That information may come from community sources or the literature in a particular field. Users can also use contacts provided in the atlas to request public health data held by the County.

A BRIEF PRIMER IN MAP READING

Many readers of this atlas may have limited experience reading maps beyond using them for basic navigation. A basic map communicates location, but most of the maps in this atlas also relate information about a specific theme, such as population density, household income, or births to teen mothers. Mapping is used to communicate the information because visual representations of data are typically easier to understand than tables and narrative description. However, map readers are cautioned that some basic guidelines must be followed in order to make sure that mapped data are appropriately understood and effectively interpreted.

- **Know what is being mapped.** Before looking at the geographic patterns on the map, take time to read the title, legend, and any accompanying text. This should provide you with a precise description of the data being mapped – including information such as the source, year, basis for aggregation, and specific definition of the variable.

- **Understand the role of scale in generalizing the data.** Maps usually associate a value with an area (an average rate, for example), but that value will not be the same at all locations within that area. It is only relevant to the mapping unit being used. For example, a national map of median household income shows the average value for the state of California to be \$45,000. Of course, median household income will vary from place to place, so that value will not help you to describe or compare household incomes in San Diego and Imperial Counties. To do that you would need to map median household income *by county*. But remember that the median household income value for San Diego County will mask differences between La Jolla and Logan Heights. So all scales involve some degree of generalization, and the map reader needs to remain aware of the limitations of that representation.
- **Don't mistake correlation with causation.** The reader is encouraged to use maps as a tool for initial investigation and to become familiar with general patterns of various types of data. It is dangerous, however, to draw too many conclusions from what you see. Looking at two thematic maps together *can* help you to understand how two phenomena relate to each other within the area mapped. The mere correlation of two phenomena, however, *cannot* be used to establish a causal relationship. Such relationships must be established through carefully designed experiments and statistical analyses.

DISCLAIMER

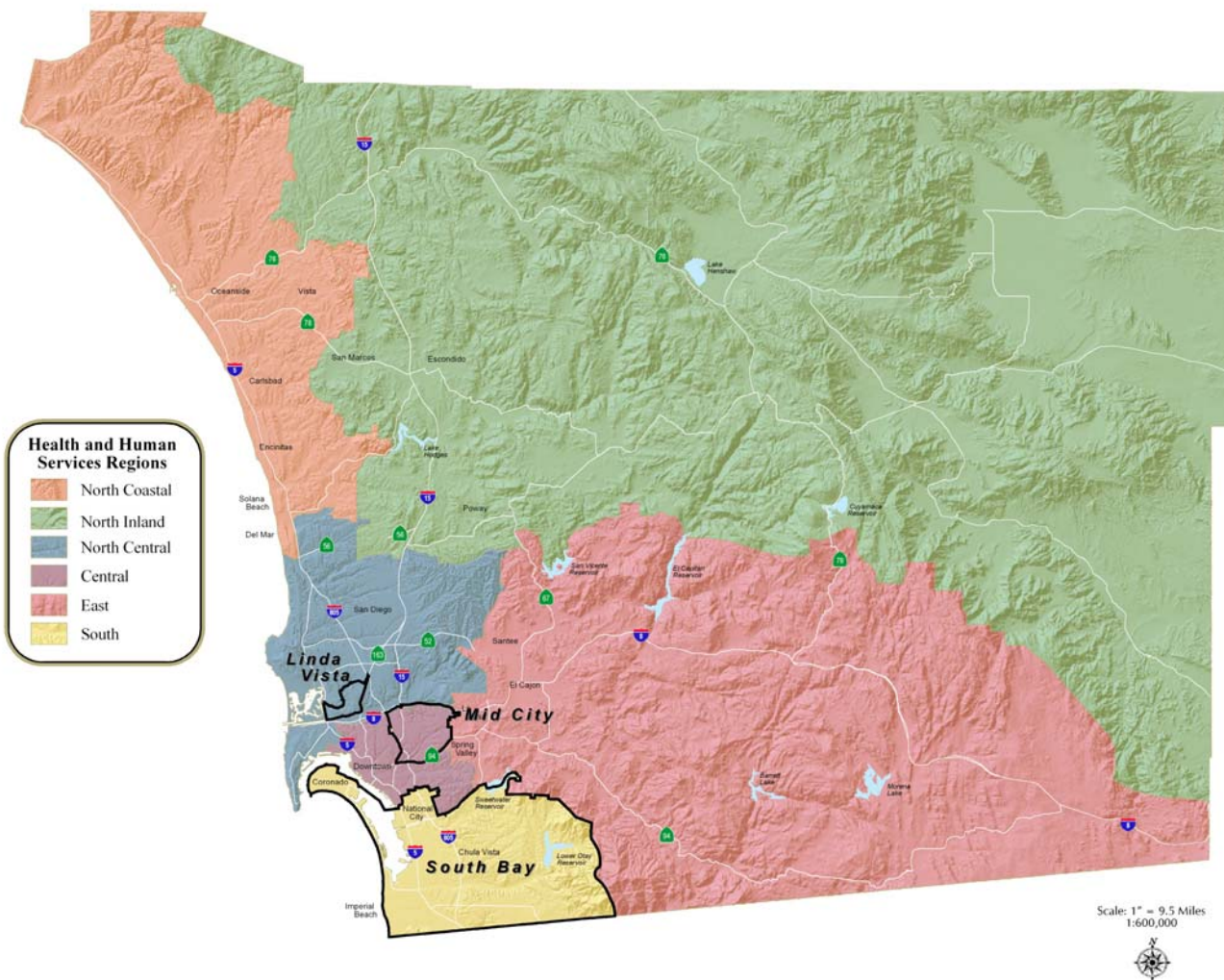
Every effort has been made to include complete and accurate data as provided by various data sources as of the date of publication. However, while the intent is for this atlas to serve as a useful tool for planning, neither the County of San Diego nor its community partners can assume any responsibility for the accuracy of the data included in this document or for the interpretations that may be made by users of this document.

SECTION A

ORIENTATION

County Overview

The map below shows the service areas of the Linda Vista, Mid-City, and South Bay Partnership for the Public's Health Initiatives. The areas served by the three partnerships are outlined in black, while the six regions established by the County Health and Human Services Agency are shown in different colors. The remainder of the maps in this section of the atlas will focus specifically on the Mid-City area.



Base Map

The map on page 7 (Map 1) shows the entire Mid-City Area as defined by the City of San Diego. This area is bound by Interstate 8 on the north, Interstate 805 and Highway 15 on the west, Highway 94 on the south, and the San Diego city limits on the east. The Mid-City area contains the following neighborhoods, recognized and named by the City for its community policing program: City Heights East, City Heights West, College Area, Darnall, El Cerrito, Gateway, Kensington, Normal Heights, Oak Park, Rolando, Talmadge, and Webster.

The map displays the boundaries and numbers of the 33 census tracts in the Mid-City Area. This information can be very useful as a reference when viewing other maps in the atlas or to guide atlas users in accessing further information from the U.S. Census Bureau. Census data at the tract level can be obtained online at www.census.gov.

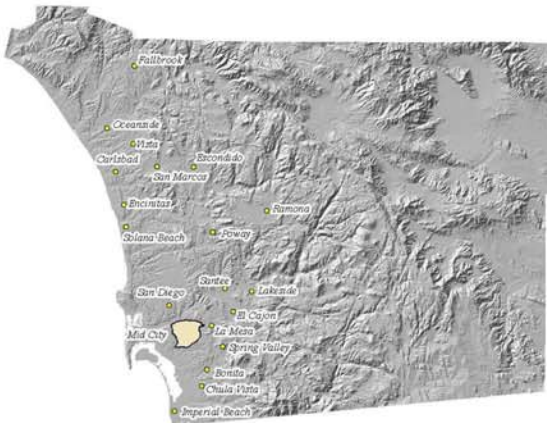
Map 1: Base Map of Area Included in Atlas Mid-City



Elementary Schools

- | | |
|-----------------------|---------------------------|
| ① Central Elementary | ⑩ Carver Elementary |
| ② Rowan Elementary | ⑪ Rolando Park Elementary |
| ③ Edison Elementary | ⑫ Hardy Elementary |
| ④ Adams Elementary | ⑬ Euclid Elementary |
| ⑤ Oak Park Elementary | ⑭ Franklin Elementary |
| ⑥ Webster Elementary | ⑮ Jackson Elementary |
| ⑦ Hamilton Elementary | ⑯ Clay Elementary |
| ⑧ Marshall Elementary | ⑰ Harriet Tubman Charter |
| ⑨ Dana Elementary | ⑱ Language Academy |

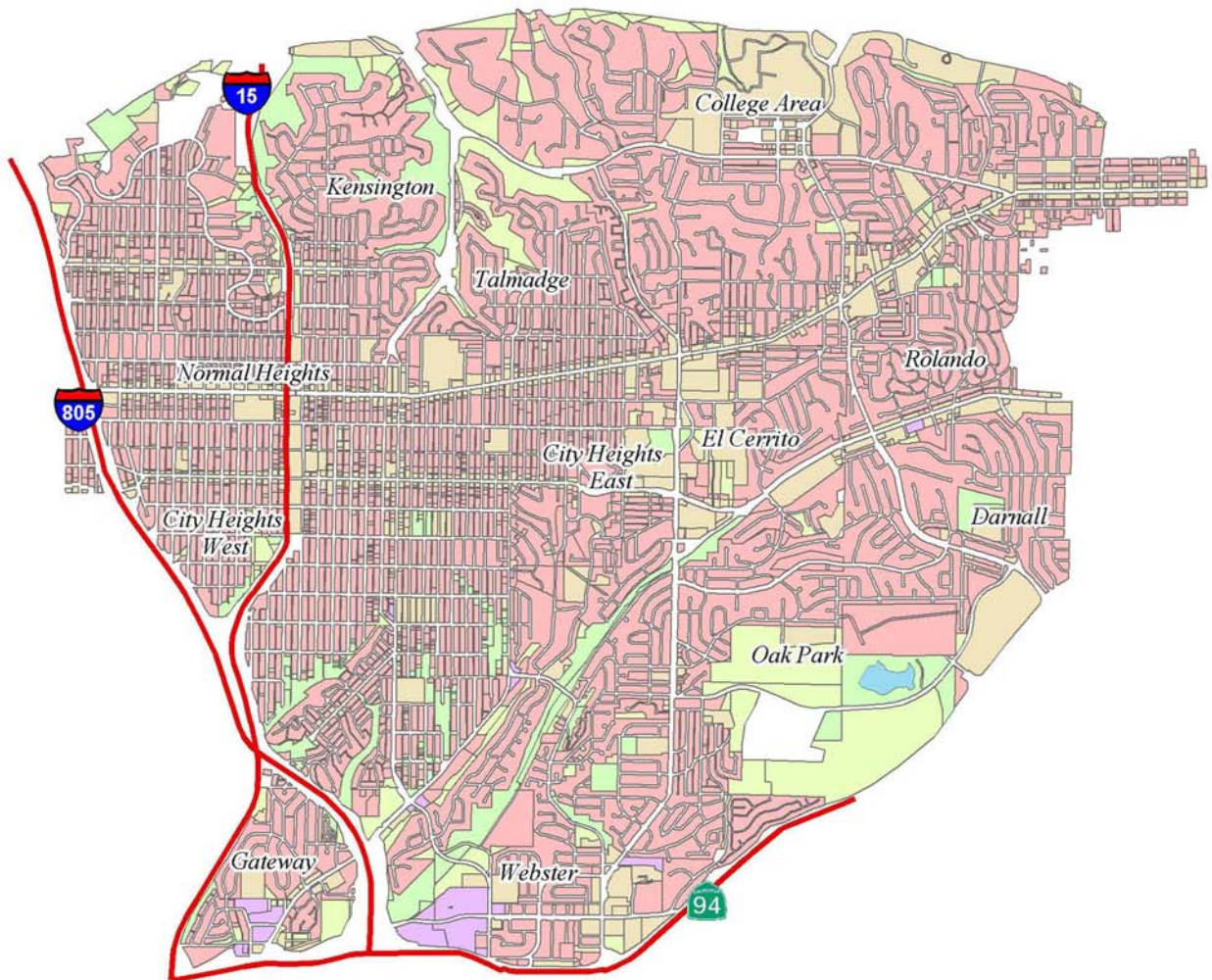
Source: SanGIS



General Land Use Classification

The map on page 9 (Map 2) classifies all of the land in Mid-City by its primary land use. Residential uses predominate in the area, with areas of apartments and single-family homes appearing in pink. Industrial uses are limited to the area just north of Highway 94, in the southern portion of Mid-City. Commercial uses are spread throughout the area. San Diego State University campus is classified as commercial, as are other local schools. Other clusters of retail (e.g., The Grove Shopping Center) and office space (e.g., The City Heights Urban Village) exist in a number of places. Ribbons of commercial land use can be seen along the area's major roads, including University Avenue, El Cajon Boulevard, Adams Avenue, and Fairmount Avenue. Park space is very limited in the core areas of Mid-City, with substantial areas of open space only visible at the edges of the map.

Map 2: General Land Use Classifications



Landuse Classifications



Source: SanGIS



SECTION B

COMMUNITY DESCRIPTION

This section of the atlas includes maps depicting demographic, economic, and social information relevant to the Mid-City communities. All of the data presented in this section is from the United States Census Bureau, Census 2000, but the maps have been produced by Geographic Information Systems (GIS) analysts working for the County of San Diego's HHSA. Only a small selection of the hundreds of variables included in census questionnaires have been included in the atlas, but readers are encouraged to become familiar with the many types of information available through the U.S. Census at its web site, www.census.gov.

The issue of scale is important to understand in reading these maps. The maps in this section are based on census tracts, which are geographic areas established by the Census Bureau. Census data is collected at the household level and then reported at a range of geographic scales. The smallest geographic unit is a "block," and then data are aggregated into larger and larger units (first into "block groups," then "census tracts") until you get to the level of a county, state, or the nation. Data for the full range of geographic scales, as well as other commonly referenced areas, such as zip code tabulation areas or urban areas is available at the U.S. Census web site. Smaller units of aggregation can be helpful for examining variations within a small area, but can make it difficult to understand patterns throughout a larger region. Larger geographic units reduce the significance of local variation but make comparisons across large areas more meaningful.

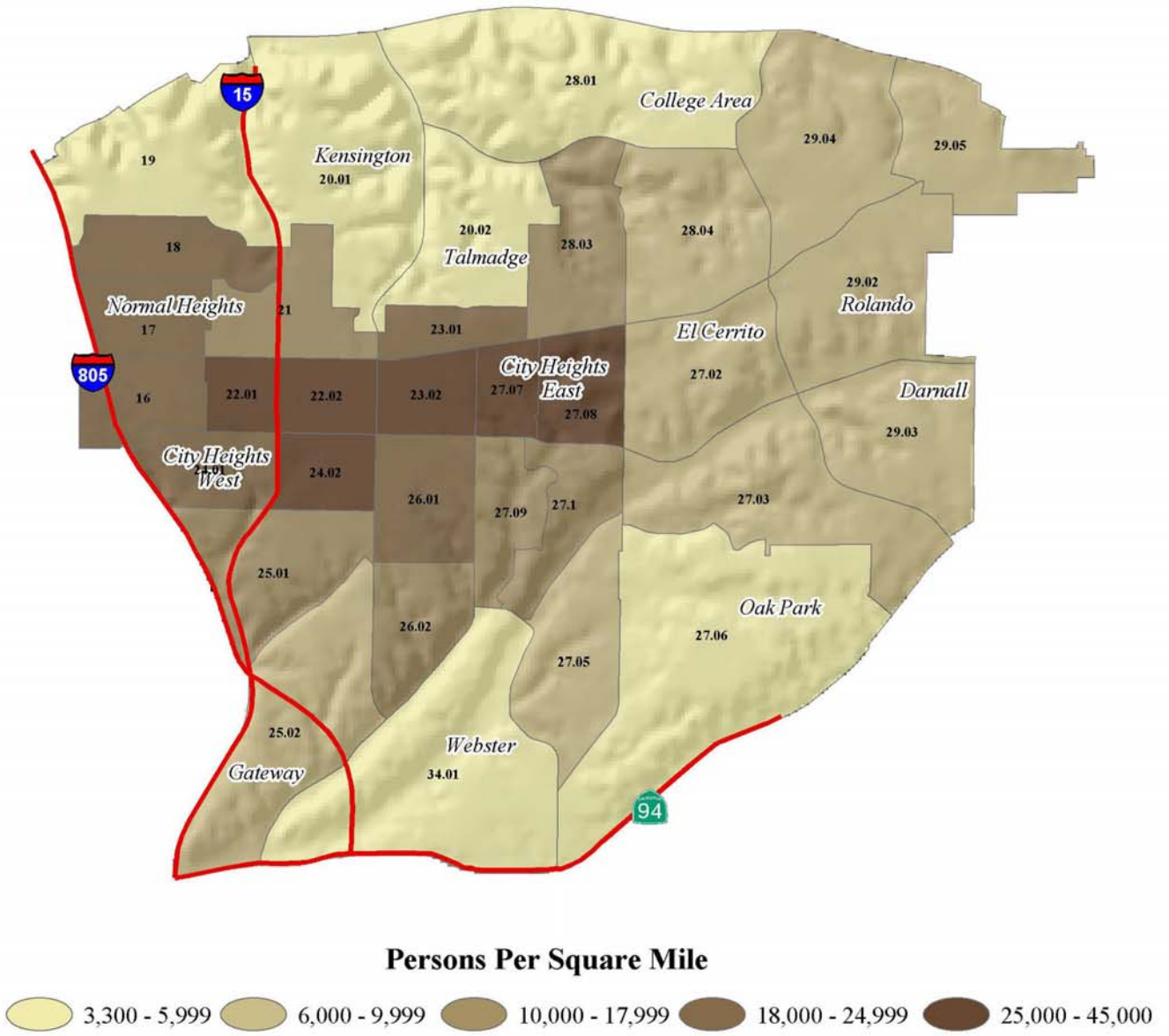
Population Density

Population density is measured in persons per square mile. The population of each census tract is determined from the decennial census, and then this population is divided by the area of the census tract. Therefore, population density values generalize the situation within each census tract, which may actually contain very high and very low density blocks.

The Mid-City area has some of the highest population densities in San Diego County. The population density for the entire City of San Diego is approximately 3,500 persons per square mile. The central areas of Mid-City have 20,000 to over 40,000 persons per square mile. This is extremely dense for a city in the western United States, though densities up to 70,000 persons per square mile can be seen in New York and other eastern cities.

Relationships can be seen between the pattern of population density depicted in Map 3 and the patterns of land use (Map 2) and household income (Map 7).

Map 3: Population Density



0 0.5 1 2 Miles

Source: U.S. Census Bureau, Census 2000

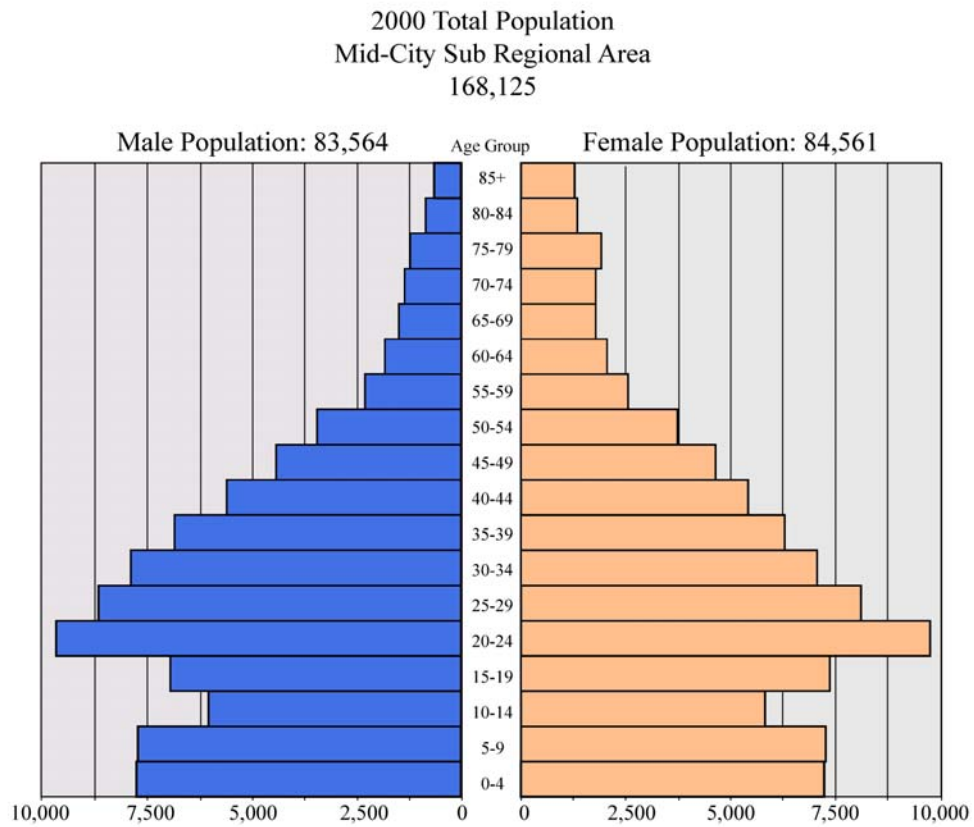


Population Structure

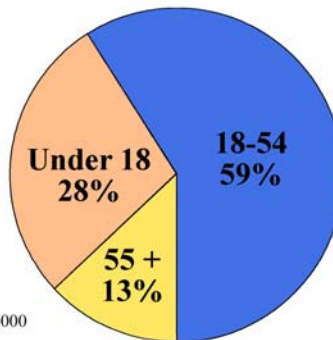
The age and gender of residents are the variables typically used to describe the structure of the population. The figure on page 15 is a population pyramid, and it breaks down the population of Mid-City into gender-specific age categories. The population pyramid helps us to see that the population of this area is relatively young, with 20-24 year olds making up the single largest age group.

The gender-ratio, or number of males as compared to females changes according to age. There are more males under the age of 10 than there are females of that age, but among persons 45 years and older, there are a larger number of females in every age category.

Chart 1: Population Pyramid



Age Distribution



Source: U.S. Census Bureau, Census 2000

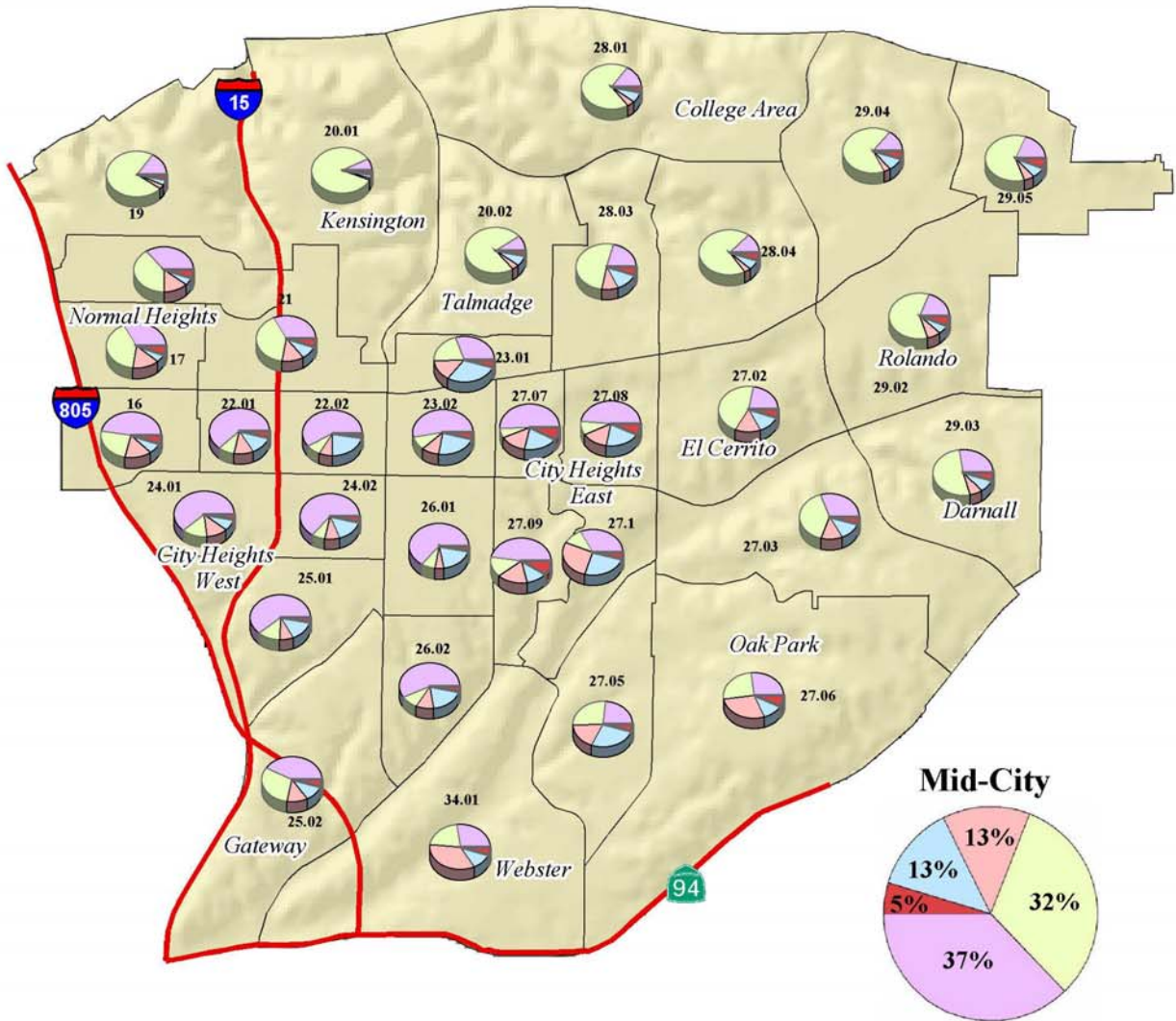


Ethnicity

The concept of race, as used by the U.S. Census Bureau, reflects self-identification by people according to the race or races with which they most closely identify. The categories are socio-political constructs and should not be interpreted as being scientific or anthropological in nature. Furthermore, the race categories include both racial and national-origin groups. The racial classifications used by the Census Bureau adhere to guidelines issued by the Office of Management and Budget (OMB). The standards govern the categories used to collect and present federal data on race and ethnicity. The OMB requires five minimum categories (White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander) for race. A sixth category of “some other race” to allow individuals the option of selecting one or more races, was added to Census questionnaires with OMB approval. A separate question for individuals who describe themselves as Hispanic or Latino also appeared. Individuals who identify their origin as Spanish, Hispanic, or Latino may be of any race.

In Mid-City, the ethnic make-up of the population varies significantly, but diversity is always present. Map 4 makes it possible to see where concentrations of each ethnic group exist.

Map 4: Ethnicity Percentages



Percentage Race/Hispanic Origin



Source: U.S. Census Bureau, Census 2000



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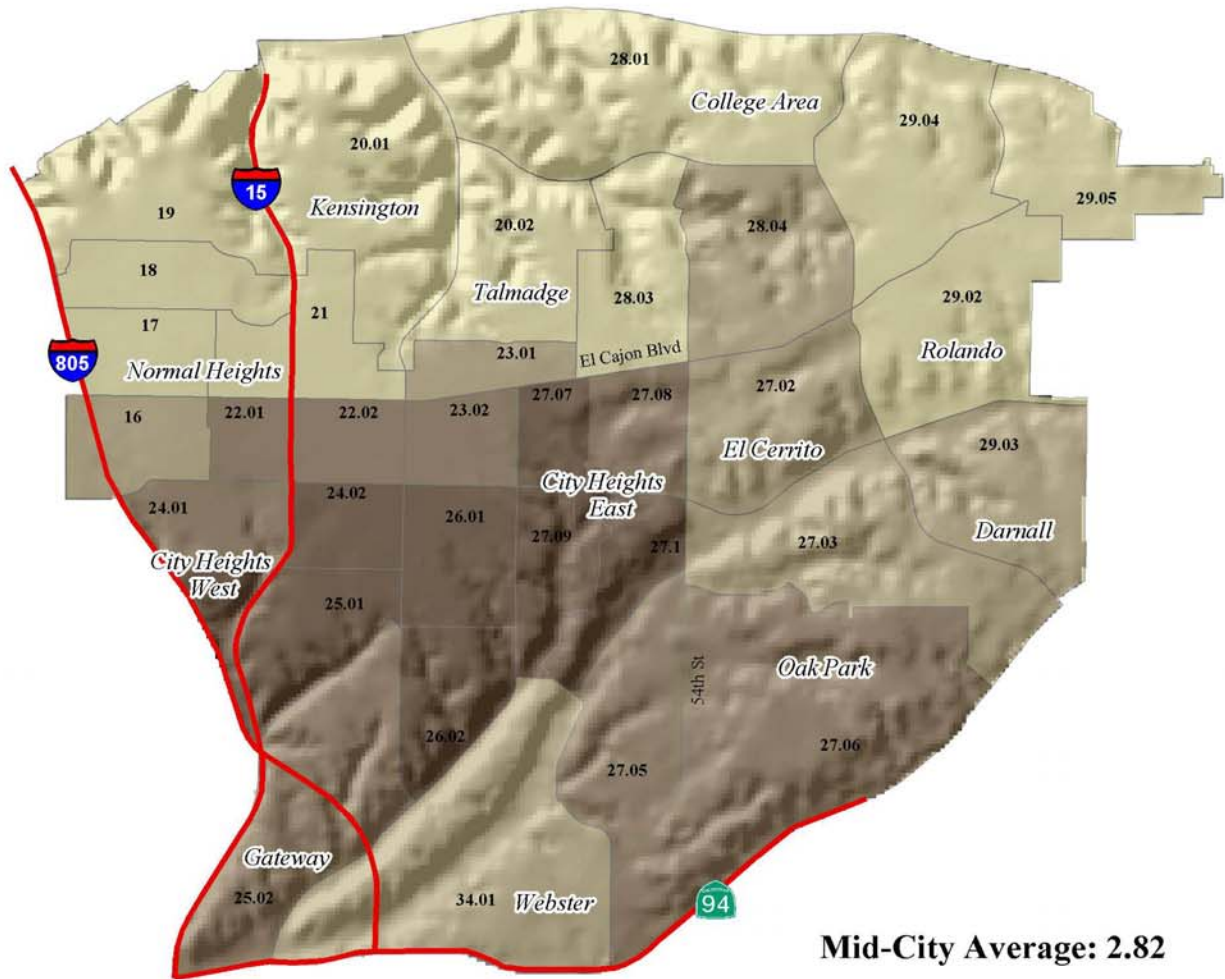


Household Size

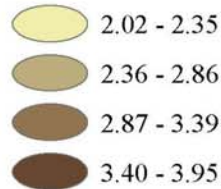
A household includes all of the people who occupy a housing unit. A housing unit may be a home, an apartment, a mobile home, a group of rooms, or a single room occupied as separate living quarters. Average household size for a census tract or other geographic area is calculated by dividing the number of people in households by the total number of households.

On Map 5, a marked difference in average household size can be seen between the areas north of El Cajon Boulevard and those in City Heights (south of El Cajon Boulevard and west of 54th Street). The influence of San Diego State University is also significant in the northeastern portion of the map.

Map 5: Average Household Size



Average Household Size Persons Per Household



0 0.5 1 2 Miles

Source: U.S. Census Bureau, Census 2000



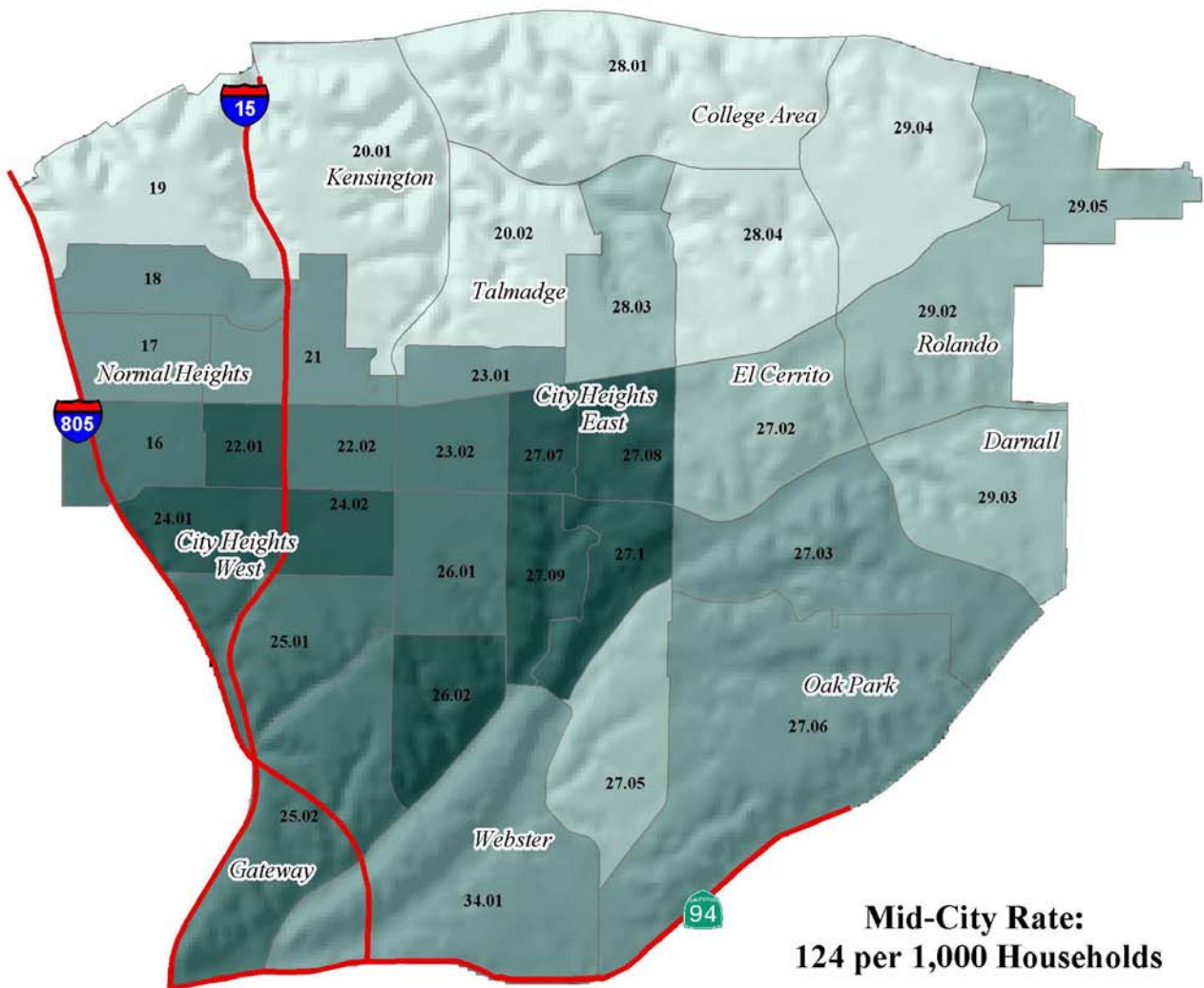
Female-Headed Households

A household includes all of the people who occupy a housing unit. A housing unit is a house, an apartment, a mobile home, a group of rooms, or a single room occupied as separate living quarters. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated people who share living quarters. A family, on the other hand, includes a householder and one or more other people who are living in the same household who are related to the householder by birth, marriage, or adoption.

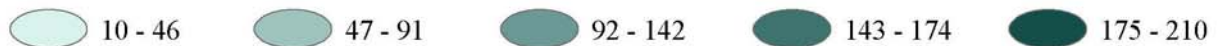
A female-headed household may describe a woman living alone or a family in which a female is maintaining the household with no husband present.

In Mid-City, the rate of female-headed households with children under 18 years ranges from about 0 to 21%.

Map 6: Female-Headed Households



Female Headed Households With Children Under 18 Years Rate per 1,000 Households



Source: U.S. Census Bureau, Census 2000

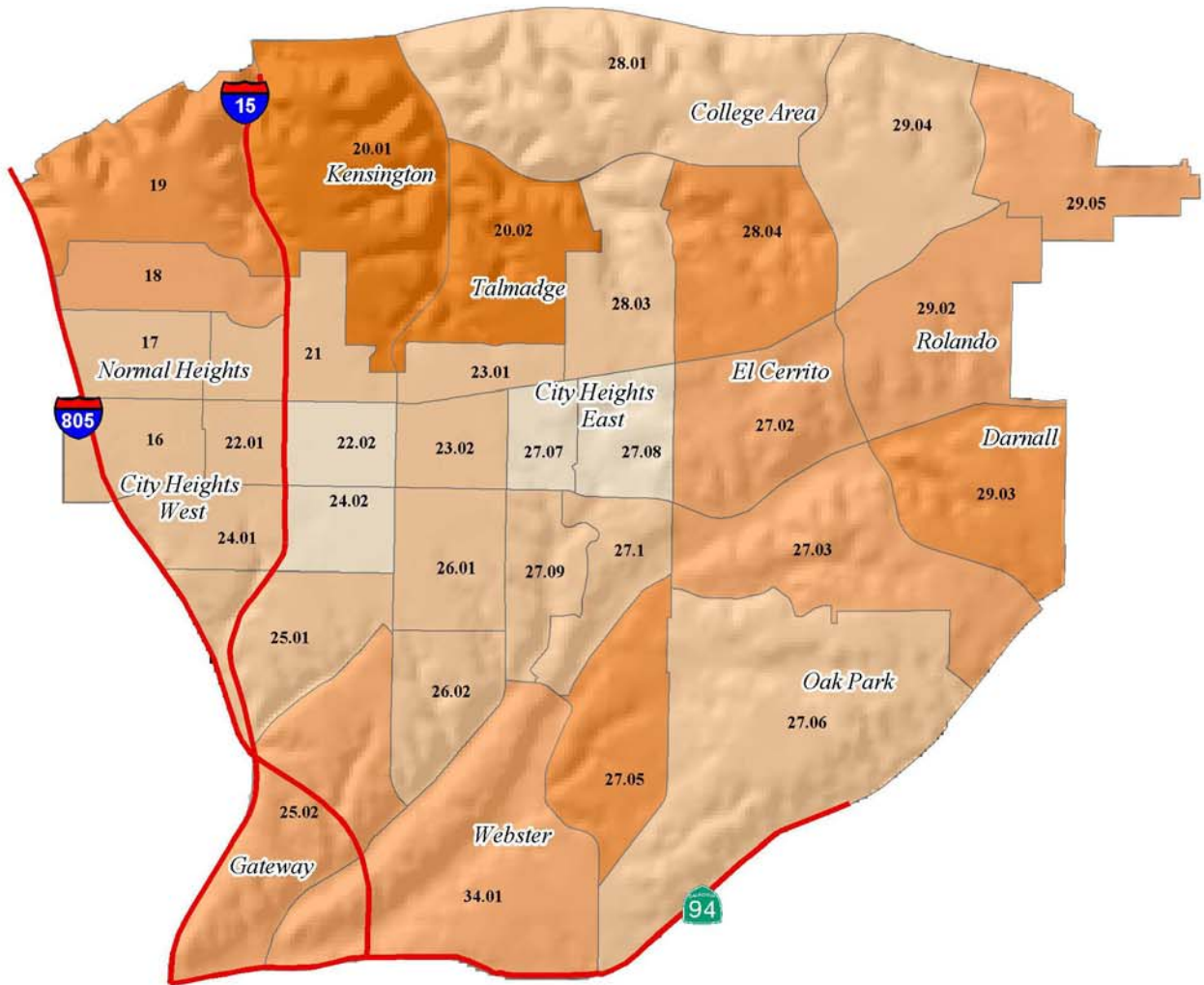


Household Income

Household income includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. The median value for household income divides the income distribution into two equal parts: one-half of the households in a given area falling below the median income, and one-half above the median. Income can include one or more of the following: wage or salary income; net self-employment income; interest, dividends or net rental or royalty income or income from estates and trusts; social security or railroad retirement income; Supplemental Security Income (SSI); public assistance or welfare payments; retirement, survivor or disability pensions; and all other income. The median household income for San Diego County is \$47,268 (income data reported in 2000 Census is based on 1999 income).

Kensington is the area with the highest median household income, which is approximately four times the median household income in six census tracts in the City Heights area.

Map 7: Median Household Income

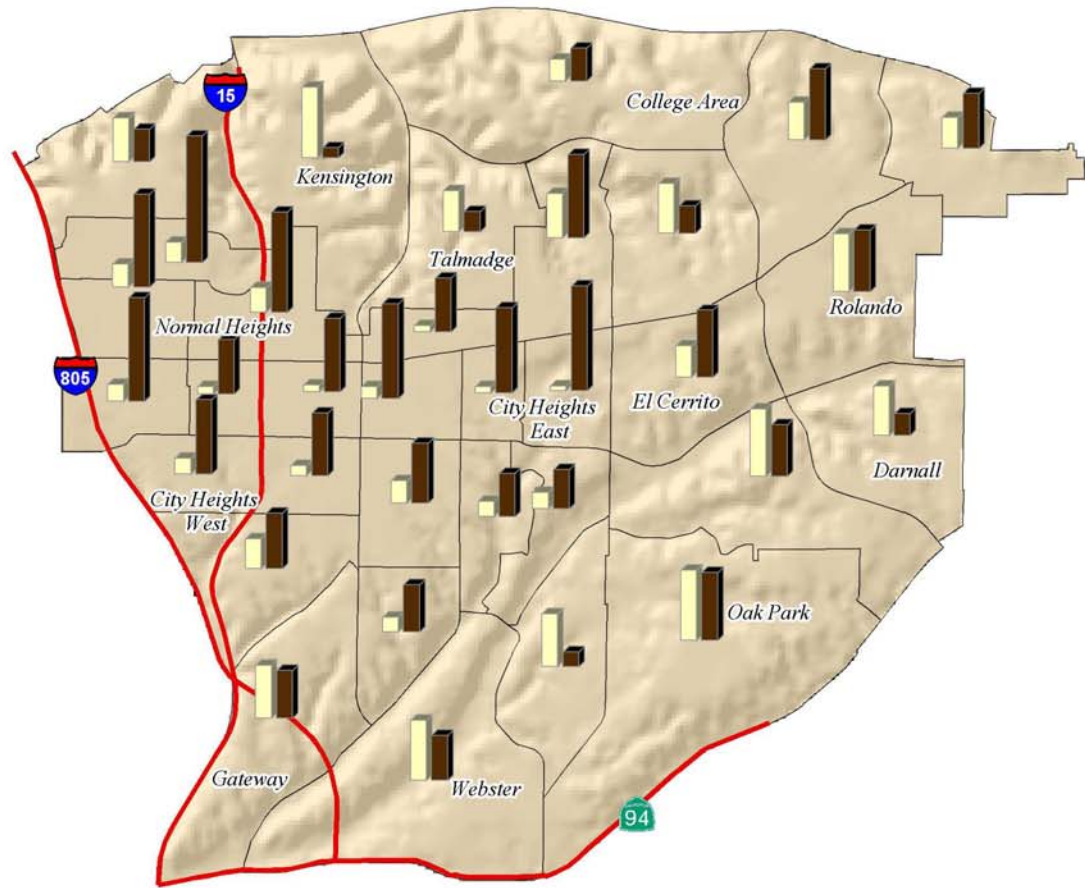


Renter vs. Owner Occupancy

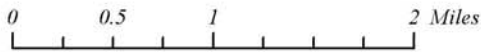
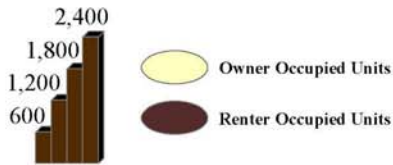
A housing unit is owner occupied if the owner or co-owner lives in the unit even if it is mortgaged or not fully paid for. All occupied housing units that are not owner occupied and are rented for cash rent or occupied without payment of cash rent, are classified as renter occupied. Housing units on military bases are also classified in the “no cash rent” category.

Map 8 provides information about the total number of housing units in each census tract and the ratio of renter- to owner-occupied units. The larger the bars in each tract, the more units there are. In the area as a whole, rental units are more common than owner-occupied units. That trend is reversed in the neighborhoods stretching across southern Mid-City as well as in Kensington and Talmadge.

Map 8: Renter vs. Owner Occupied Housing Units



**Number of Occupied Households
Owner vs. Renter**



Source: U.S. Census Bureau, Census 2000

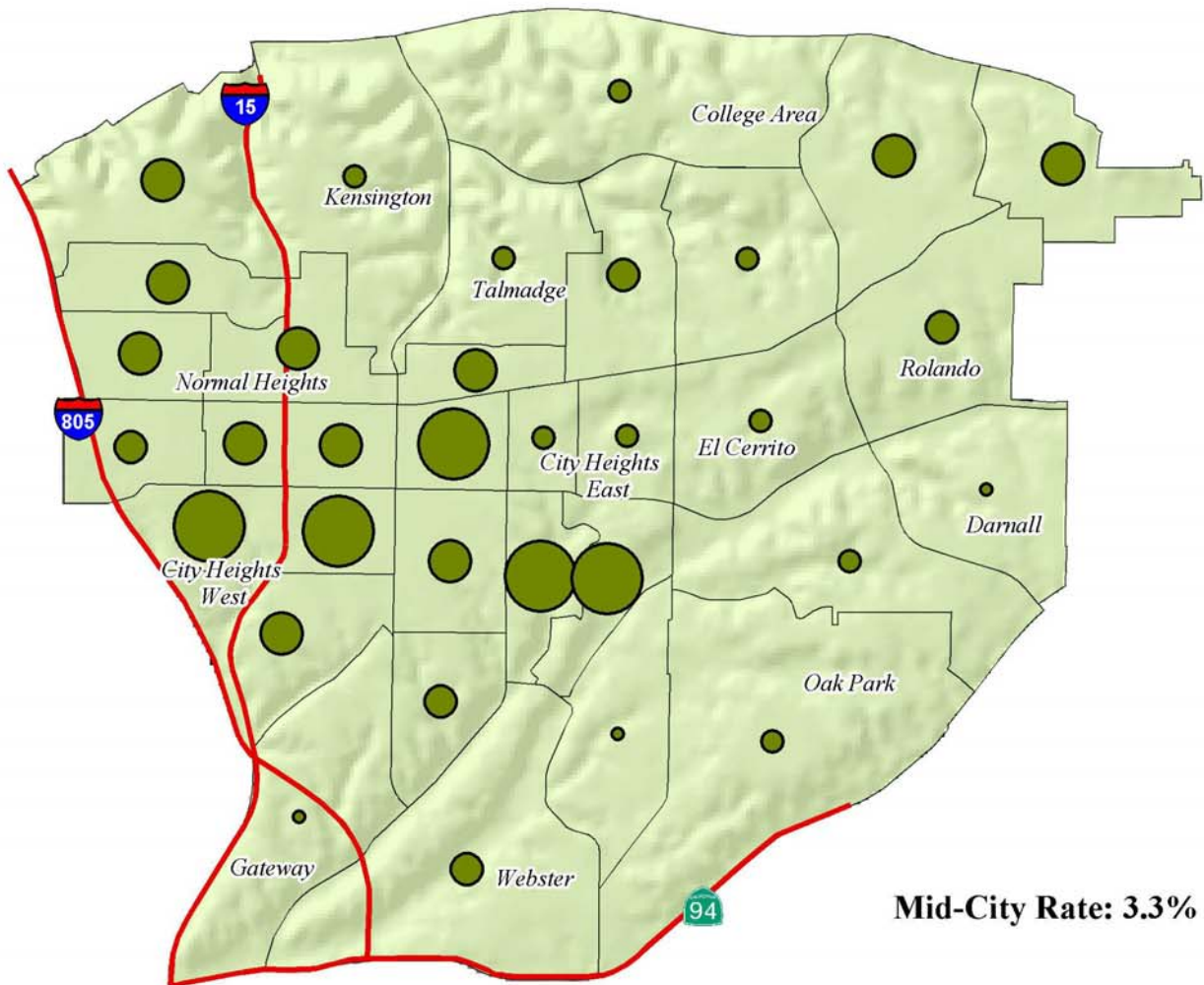


Housing Vacancy Rate

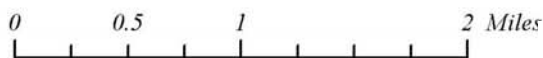
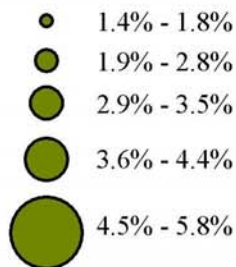
A housing unit is a home, an apartment, a mobile home, a group of rooms, or a single room occupied as separate living quarters. Vacancy status and other characteristics of vacant units are gathered by obtaining information from landlords, owners, neighbors, rental agents, and others. Vacancy is determined if no one is living in the unit *at the time of Census enumeration (i.e., data collection)*, unless the occupants are only temporarily absent. Partially constructed housing units and those already condemned or identified for demolition are not counted in the housing stock of the area and therefore do not affect vacancy rates.

Housing vacancy rates have been the focus of much attention in San Diego as housing has become more difficult to find and housing costs have skyrocketed. According to the 2000 Census, housing vacancy rates in Mid-City range from a very low 1.42% to 5.79%.

Map 9: Housing Vacancy Rates



Percentage of Housing Stock Vacant in Jan. 2000



Source: U.S. Census Bureau, Census 2000

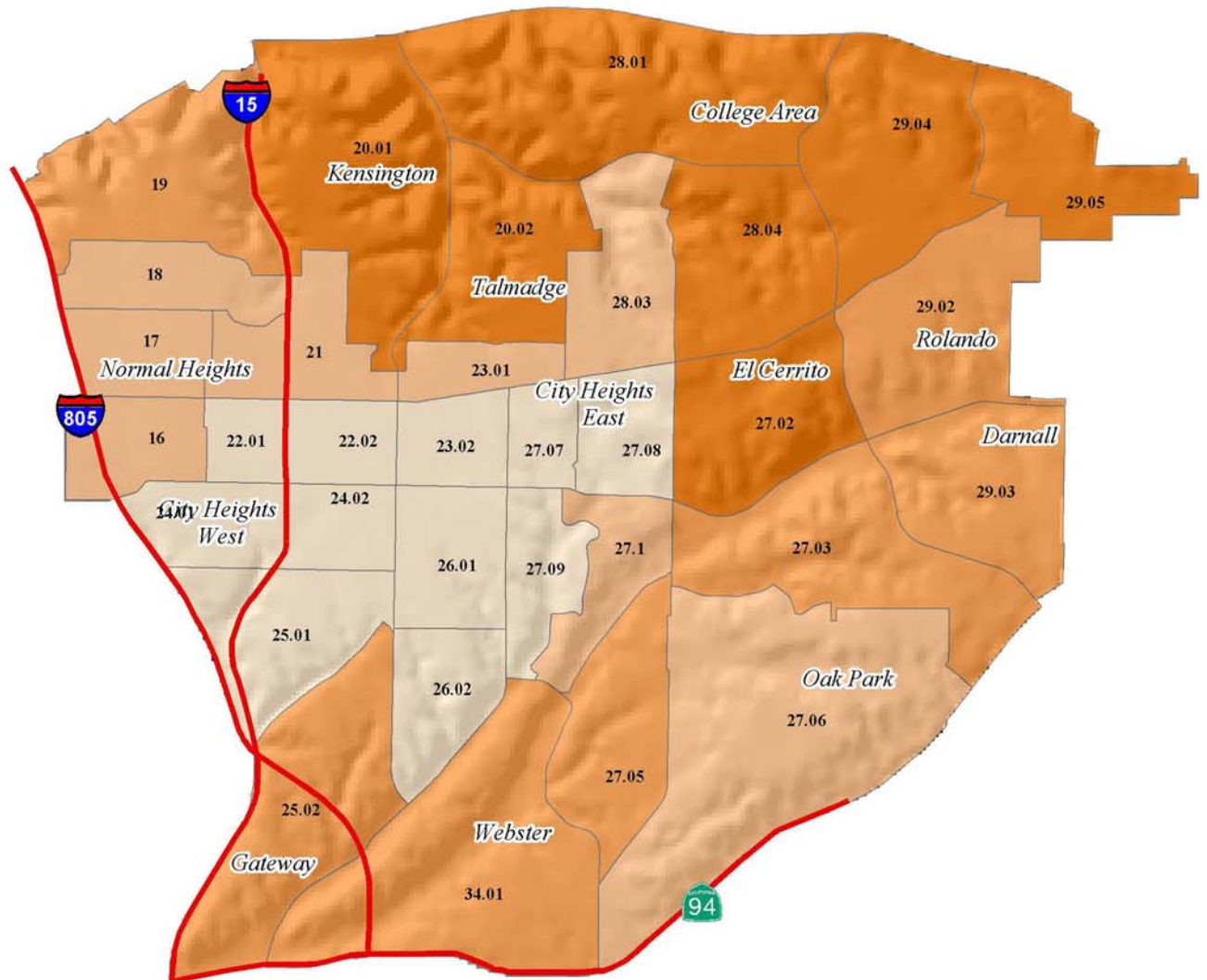


Contract Rent

Contract rent, also referred to as “rent asked” for vacant units, is the monthly rent agreed to or contracted for, regardless of any furnishings, utilities, fees, meals, or services that may be included. Therefore, a variety of charges may be included in the contract rent figure. For vacant units, it is the monthly rent asked for the rental unit at the time of interview.

Map 10 divides the rental housing units of each Mid-City census tract into four value categories.

Map 10: Median Contract Rent



**Median Contract Rent for
Renter Occupied Housing Units
(Dollars)**



0 0.5 1 2 Miles



Source: U.S. Census Bureau, Census 2000

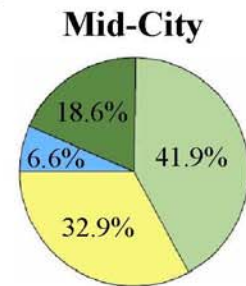
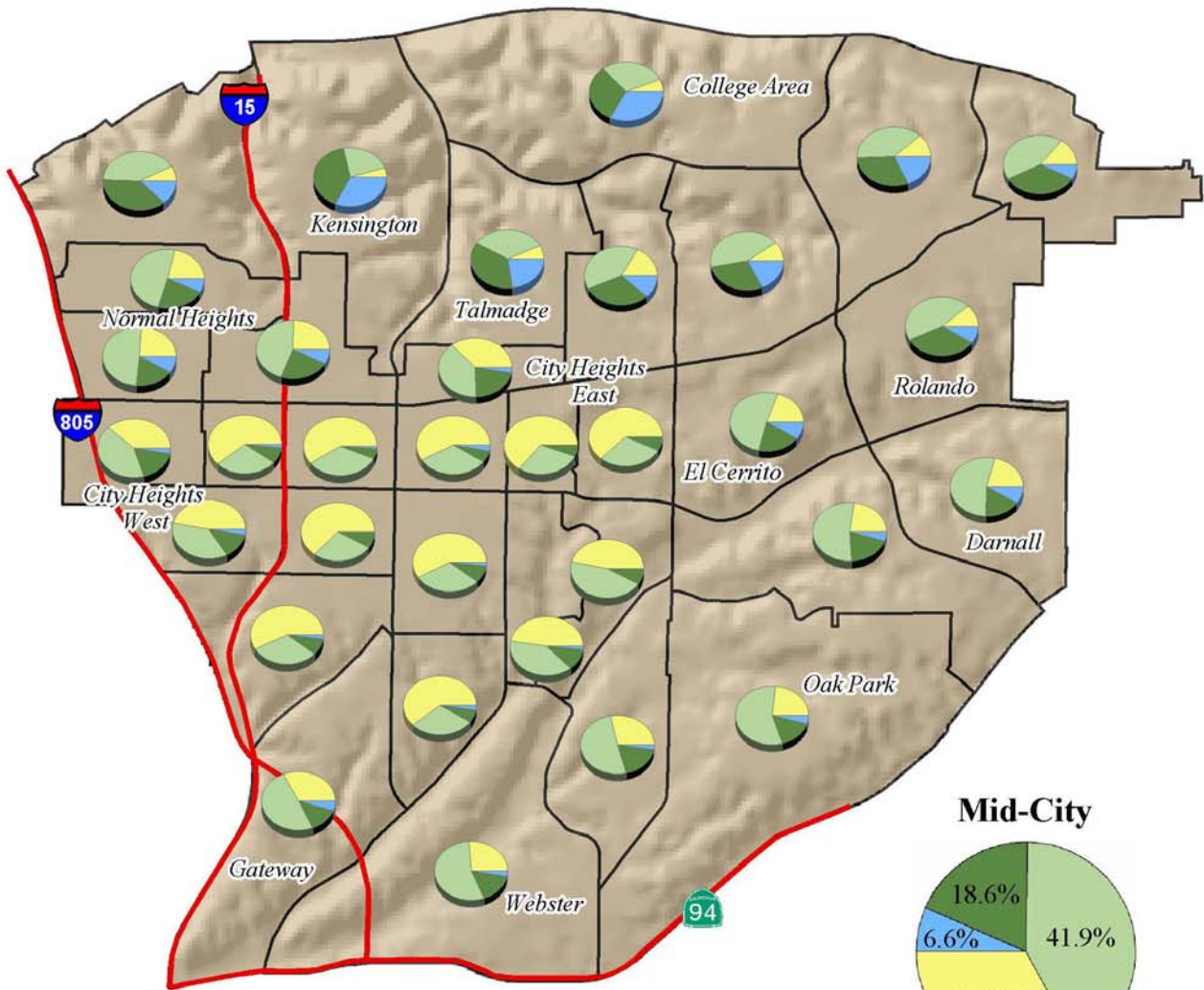


Educational Attainment

Educational attainment refers to the highest level of education completed in terms of the highest degree or the highest level of schooling completed. Data on educational attainment is generally calculated for the population 25 years old and over. The categories used on Map 11 are somewhat simplified from those used in the Census questionnaire.

In several census tracts in central Mid-City, the majority of adult residents do not have a high school diploma or GED. In Kensington, Talmadge, and the College Area there is a notable number of residents with professional degrees.

Map 11: Educational Attainment



Educational Attainment

Persons 25 and Over

- 12th Grade and Below (No Diploma)
- High School Diploma (Includes Equivalency)
- College Degree
- Post-Baccalaureate Degree



Source: U.S. Census Bureau, Census 2000

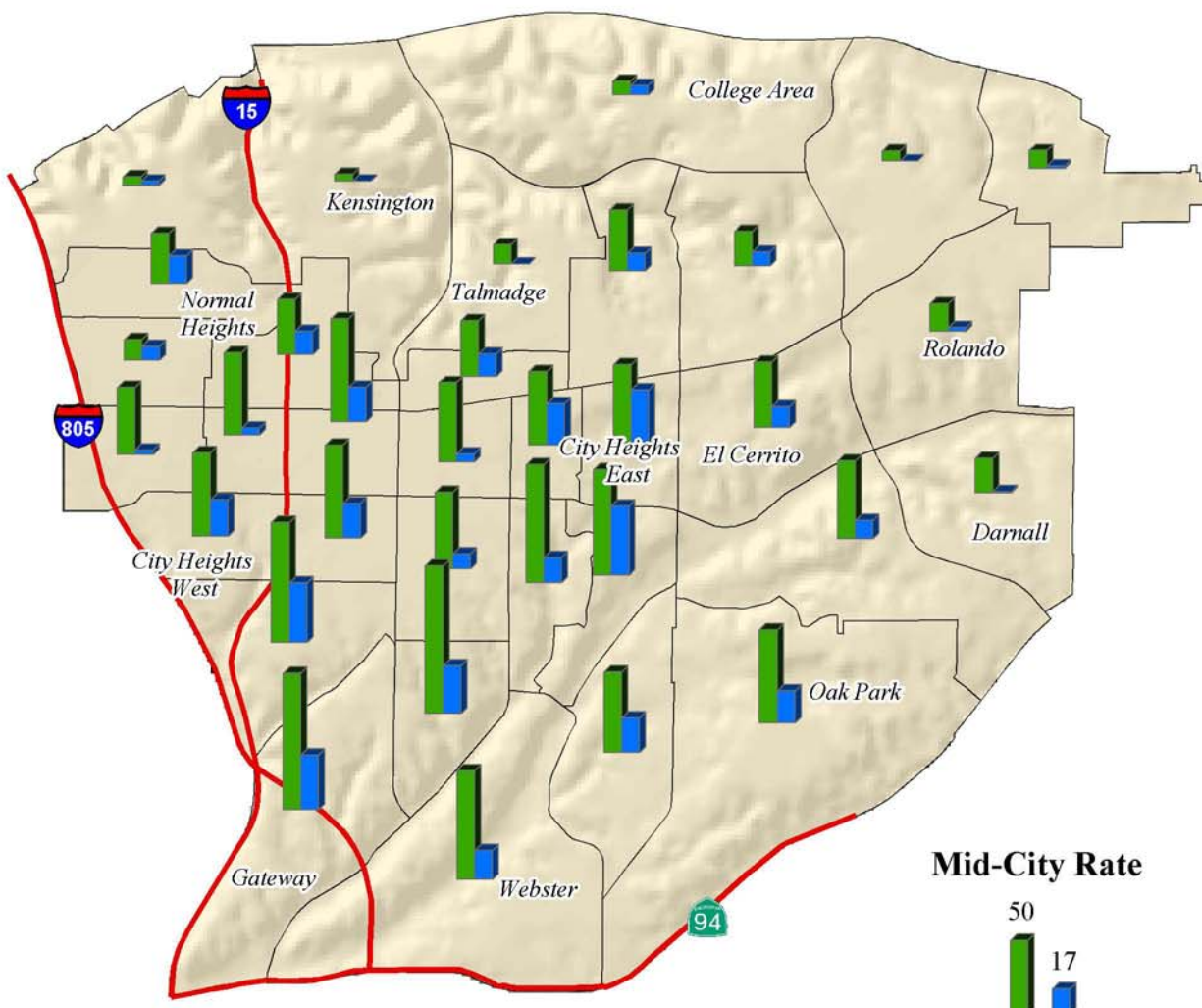


Relatives as Caregivers

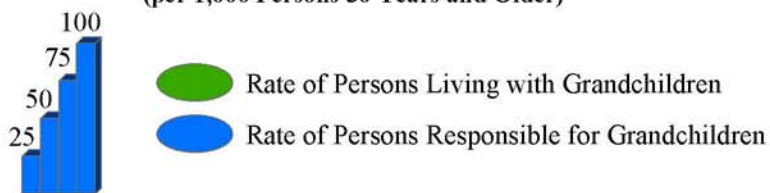
Families are diverse in both their composition and size. In some families, a non-parental adult (relative) cares for dependent children. The most common family member to provide such care is a grandparent. A grandparent is defined as a caregiver when they assume full care of their grandchildren on a temporary or permanent live-in basis. Their own grandchild must live in the household, and the grandparent must be financially responsible for any or all of the grandchildren's basic needs including food, shelter, clothing, day care, etc. Because of the very low number of individuals under 30 years old who are grandparents, the data represents individuals 30 years old and over.

Map 12 provides information about family households in which grandparents are present, both as caretakers and as non-caretakers. The two bars allow you to compare the number of grandparents present in households either as caretakers or as members of an extended family in which they do not provide care for children. Cultural norms for multi-generational living and income levels are two factors likely to be affecting the distribution and status of grandparents in the Mid-City area.

Map 12: Grandparents as Caregivers



Rate of Grandparents Responsible for Grandchildren
(per 1,000 Persons 30 Years and Older)



0 0.5 1 2 Miles

Source: U.S. Census Bureau, Census 2000



SECTION C

COMMUNITY HEALTH STATUS INDICATORS

This section of the atlas compiles information on community health. First, data are presented in relation to the leading health indicators established by the federal government in its Healthy People 2010 report. After that, additional statistics provide information about the distribution of reportable diseases and conditions and other important public health issues not reflected in the 10 leading indicators. Much of the information for this section of the atlas was prepared by staff of the Division of Community Epidemiology, County HHSA. There are also several maps that have been produced by GIS analysts that work within the HHSA regions involved in PPH.

Healthy People 2010: A national agenda for prevention and public health[†]

What Is Healthy People 2010?

Healthy People 2010 is a set of health objectives for the Nation to achieve over the first decade of the new century. These objectives can be used by many different people, states, communities, professional organizations, and others to help develop programs to improve health.

Healthy People 2010 builds on initiatives pursued over the past two decades. The 1979 Surgeon General's Report, *Healthy People*, and *Healthy People 2000: National Health Promotion and Disease Prevention Objectives* both established national health objectives and served as the basis for the development of state and community plans. Like its predecessors, Healthy People 2010 was developed through a broad consultation process, built on the best scientific knowledge, and designed to measure programs over time.

What Are Its Goals?

Healthy People 2010 is designed to achieve two overarching goals:

- **Goal 1: Increase Quality and Years of Healthy Life**

The first goal of Healthy People 2010 is to help individuals of all ages increase life expectancy *and* improve their quality of life.

- **Goal 2: Eliminate Health Disparities**

The second goal of Healthy People 2010 is to eliminate health disparities among different segments of the population.

What Are the Leading Health Indicators?

The Leading Health Indicators (LHI) will be used to measure the health of the nation over the next 10 years. Each of the 10 LHI's has one or more objectives from Healthy People 2010 associated with it. As a group, the LHI's reflect the major health concerns in the United States at the beginning of the 21st century. The LHI's were selected on the basis of their ability to motivate action, the availability of data to measure progress, and their importance as public health issues.

The LHI's are—

- | | |
|--------------------------------|---------------------------|
| 1. Physical Activity | 6. Mental Health |
| 2. Overweight and Obesity | 7. Injury and Violence |
| 3. Tobacco Use | 8. Environmental Quality |
| 4. Substance Abuse | 9. Immunization |
| 5. Responsible Sexual Behavior | 10. Access to Health Care |

[†] Information about Healthy People 2010 is excerpted directly from the U.S. Department of Health and Human Services web site, <http://www.healthypeople.gov>.

About the Data Included in the Community Health Atlas

Indicators

The information presented in this section of the Community Health Atlas is organized around the LHI's put forth in Healthy People 2010. Whenever possible, information presented is consistent with the standards for measurement of the LHI's, but when such data is not available, the most relevant available datasets have been substituted.

Scale

The aim of this atlas is to compile data that is relevant to local populations and their health concerns. Unfortunately, public health data is not always collected in such a way as to allow us to examine issues at a local scale. Health data is not available at the census tract level that was used in the previous maps of community characteristics, for example. Sometimes, the data is mappable by zip code area, but more often the data are only available for the entire county or state, and therefore mapping adds nothing to the presentation of the data. For that reason, much of the data related to the LHI's is presented in tabular (table) form. What may be helpful in some instances are statistical breakdowns by age group or ethnicity. These may help you to understand the possible significance of a particular issue to a local area for which population characteristics are known.

The tables containing data may include significant numbers of cells without data. The tables are organized in this way to help the reader to know what data is and is not available. Values less than 5 are typically not reported, so this will account for empty cells in many tables. A cell with an "NA" in it confirms for the reader that an item is not currently available for that year or category. Each page indicates source or sources for all tables and charts on the page.

Leading Health Indicator #1: Physical Activity

Table 1A. Percentage of Students Who Exercised or Participated in Physical Activities for at Least 20 Minutes that Made Them Sweat and Breathe Hard on 3 or More of the Past 7 Days.

	S a n D i e g o												National Data
	1991		1993		1995		1997		1999		2001		1999
	%	95% CI*	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	% (95% CI)
Total	73.4	(67.6 – 79.1)	68.6	(65.9 – 71.3)	63.2	(60.2 – 66.3)	67.4	(65.0 – 69.8)	67.2	(63.8 – 70.6)	65.0	(61.2 – 68.8)	64.6 (+/-1.5)
Gender													
Male	81.4	(75.6 – 87.3)	77.4	(74.4 – 80.5)	71.6	(67.7 – 75.6)	74.2	(71.2 – 77.1)	74.4	(70.8 – 78.0)	72.3	(67.8 – 76.8)	72.6 (+/-1.7)
Female	65.0	(55.8 – 74.2)	59.8	(56.0 – 63.6)	55.6	(51.4 – 59.8)	60.5	(57.1 – 64.0)	60.2	(55.6 – 64.9)	57.8	(53.0 – 62.7)	57.0 (+/-2.4)
Age													
15 or less	80.4	(72.1 – 88.8)	79.2	(73.4 – 84.9)	71.2	(67.2 – 75.1)	76.2	(73.4 – 79.0)	76.4	(72.2 – 80.5)	73.3	(68.9 – 77.7)	NA
16 or 17	71.0	(63.8 – 78.1)	66.0	(62.4 – 69.6)	60.2	(56.3 – 64.1)	64.3	(61.0 – 67.6)	63.1	(59.3 – 66.9)	61.4	(56.7 – 66.0)	NA
18 or more	64.5	(50.9 – 78.2)	53.3	(45.5 – 61.1)	51.1	(46.0 – 56.3)	50.1	(44.6 – 55.6)	51.7	(43.7 – 59.8)	50.5	(41.3 – 59.6)	NA
Race/Ethnicity													
White	78.3	(69.0 – 87.5)	73.5	(69.9 – 77.2)	67.5	(62.6 – 72.4)	75.5	(72.0 – 79.0)	73.1	(68.7 – 77.6)	71.8	(64.9 – 78.6)	66.5 (+/-1.8)
African American	71.3	(57.7 – 85.0)	67.6	(59.8 – 75.4)	65.8	(57.9 – 73.8)	61.3	(55.6 – 66.9)	66.3	(59.2 – 73.4)	63.3	(56.2 – 70.4)	59.7 (+/-3.9)
Hispanic	69.8	(62.7 – 77.0)	64.6	(59.5 – 69.7)	58.5	(53.4 – 63.6)	63.5	(58.4 – 68.6)	64.1	(58.4 – 69.8)	62.3	(57.2 – 67.3)	60.5 (+/-2.5)
Filipino	NA	NA	68.0	(61.9 – 74.1)	62.4	(57.1 – 67.8)	61.7	(53.5 – 70.0)	70.7	(60.2 – 81.3)	55.0	(46.8 – 63.3)	NA
Asian	NA	NA	62.2	(55.2 – 69.1)	60.9	(54.7 – 67.2)	67.5	(61.2 – 73.8)	51.8	(41.5 – 62.1)	58.6	(49.7 – 67.5)	NA
Other	67.4	(58.5 – 76.2)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Participants	N = 658		N = 1,778		N = 1,997		N = 2,445		N = 1,715		N = 1,776		NA

Footnotes: Prevalence estimates by selected characteristics are not reported when numbers of observations were <25 in 1991, <50 in 1993, and <100 in 1995 to 2001 surveys.

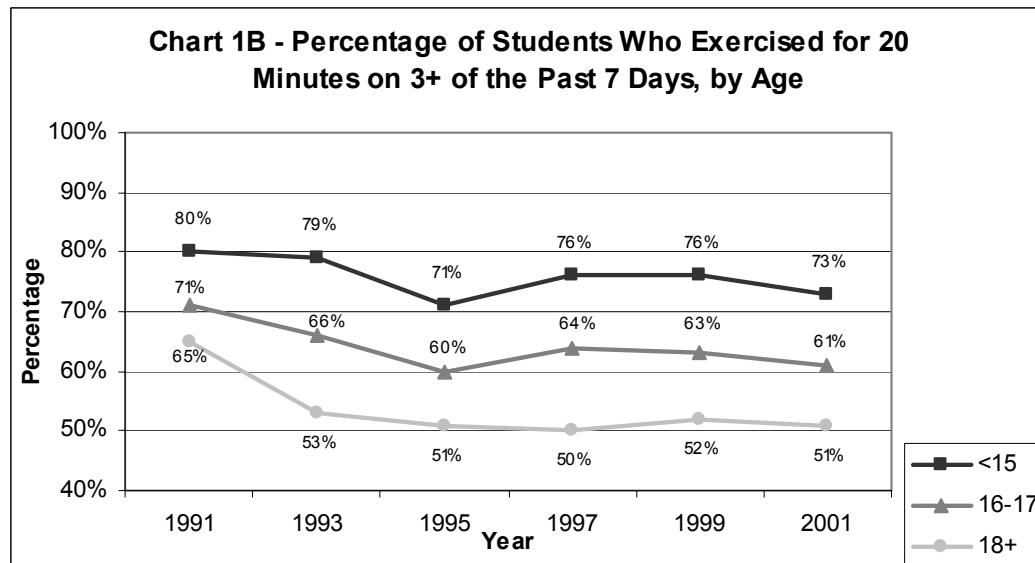
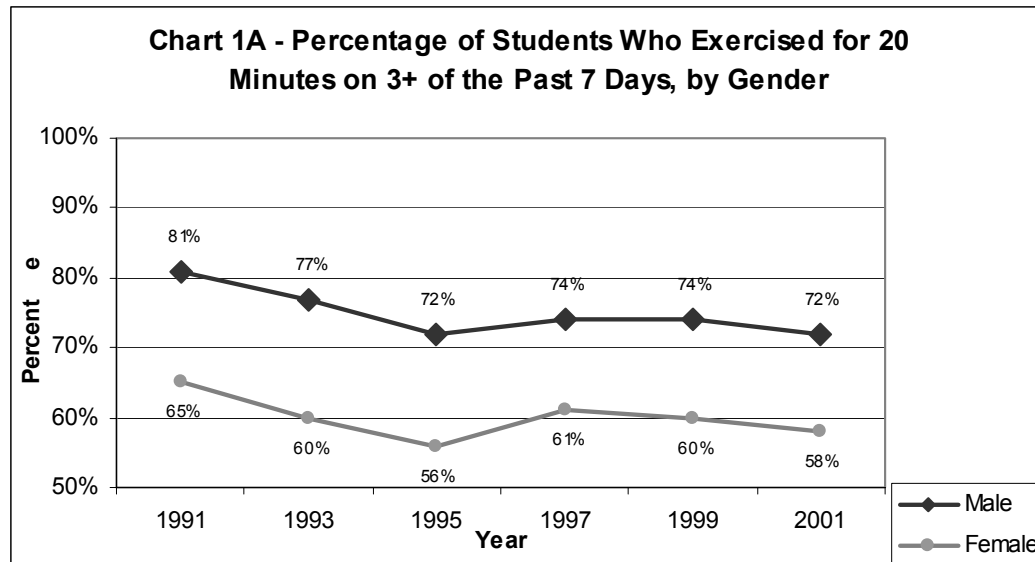
Sources: Youth Risk Behavior Surveillance System (YRBSS), San Diego City Schools, 1991 to 2001; Youth Risk Behavior Surveillance System (YRBSS), United States, 2001

Table prepared by: Community Epidemiology, Updated 11/18/2002



- 1) Percent reporting exercise in 2001 is approximately equal to the national average for that year.
- 2) Higher percentage of males report exercising than females across all years.
- 3) Percent reporting exercise decreases with age across all years.
- 4) Whites are most likely to report exercising across all years.

* Confidence Interval



Leading Health Indicator #2: Overweight and Obesity

Table 2A. Percentage of Adults Who are Obese (by BMI*).

	C a l i f o r n i a											Nationwide Median	
	1991		1993		1995		1997		1999		2000		2000
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%
Total	10.5	(9.3 - 11.7)	13.2	(11.8 - 14.6)	15.1	(13.1 - 17.1)	16	(14.6 - 17.4)	18.7	(17.3 - 20.0)	19.9	(18.3 - 21.4)	20.1
Gender													
Male	9.9	(8.1 - 11.7)	13.1	(10.9 - 15.3)	16	(12.7 - 19.3)	16.2	(14.0 - 18.4)	17.8	(15.8 - 19.7)	20.6	(18.0 - 23.1)	20.6
Female	11	(9.2 - 12.8)	13.2	(11.6 - 14.8)	14.2	(12.2 - 16.2)	15.7	(13.9 - 17.5)	19.7	(17.7 - 21.6)	19.3	(17.3 - 21.2)	19.8
Age													
18-34	7	(5.4 - 8.6)	10.4	(8.1 - 12.8)	13	(10.4 - 15.6)	14.3	(11.9 - 16.6)	13.2	(11.0 - 15.3)	16.2	(13.8 - 18.5)	15.8
35-49	14.1	(11.4 - 16.8)	14.5	(12.2 - 16.9)	15.4	(12.5 - 18.3)	18.4	(16.1 - 20.8)	22.5	(19.9 - 25.0)	22.8	(19.6 - 25.9)	22
50-64	15.8	(12.3 - 19.3)	17.2	(13.9 - 20.5)	21.4	(14.2 - 28.6)	19.7	(16.6 - 22.8)	21.7	(18.3 - 25.0)	22.8	(19.2 - 26.3)	26.7
65+	7.3	(5.0 - 9.7)	13.5	(10.6 - 16.4)	12.8	(9.7 - 15.9)	10.2	(7.8 - 12.6)	19.2	(15.6 - 22.7)	18.1	(14.3 - 21.8)	18.2

*The measure of obesity is based body mass index (BMI) which is calculated from the reported height and weight of the individual.

Source: Behavioral Risk Factor Surveillance System (BRFSS), www.cdc.gov/nccphp/brfss

Table prepared by: Community Epidemiology, Updated 11/18/2002



- 1) Percentage of adults reporting obesity has increased across all years.
- 2) No gender differences are apparent.
- 3) Percent reporting obesity tends to increase with age until 64 years, then decrease in the 65+ age group.

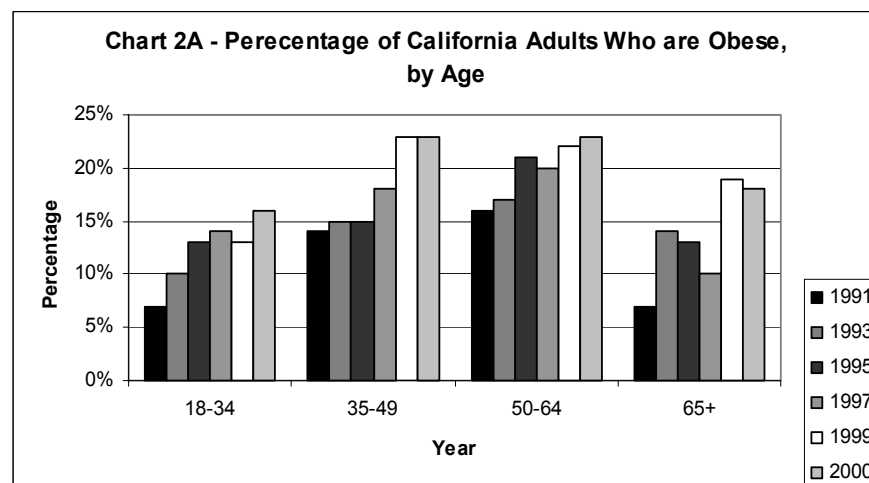


Table 2B. Percent of Children Ages 6 to 19 Identified in CHDP Exams to be Over the 95th Percentile for Weight-to-Height in the “Growth Charts”.

	1995	1996	1997	1998	1999
San Diego County	11.6%	11.5%	11.6%	12.2%	13.2%
California	13.3%	13.1%	13.4%	14.1%	14.4%
U.S.	10.0%	10.2%	10.4%	10.7%	11.0%
Age Group					
5-9 years	14.2%	15.0%	15.4%	16.8%	18.4%
10-12 years	17.9%	18.2%	20.6%	21.2%	24.6%
13-17 years	NA	NA	NA	NA	NA

Footnotes: Percentages are not calculated for cells with numbers less than 100. Data are from a variety of programs for low income children.

Source: California Department of Health Services, Children's Medical Services Branch

Table prepared by: Community Epidemiology, Updated 8/16/2002



- 1) The overall trend for San Diego County is in accordance with the California and U.S. trends; the percentage of individuals over the 95th percentile for height-to-weight ratio has increased from 1997 through 1999.
- 2) Concerning age groups, 10-12-year olds have higher rates than 5-9-year olds across all years of interest, however rates for both age groups have increased steadily across all years of interest.

